

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027925

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 26

FILED JUL 23 1962

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City		Length of stay in 1b 3 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South Locust Street		d. STREET ADDRESS (If outside, give location) South Locust	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Walter Middle Henry Last Scott			4. DATE OF DEATH Month July Day 15 Year 1962		
5. SEX male	6. COLOR OR RACE negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 8, 1913	9. AGE (last birthday) 49 years	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.		11. BIRTHPLACE (City and state or country) Monroe County, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Olive Scott		13b. MOTHER'S MAIDEN NAME Laura E. Jamerson		14. NAME OF HUSBAND OR WIFE Laura S. Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Laura S. Scott Address Monroe City Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation and general burns burning of house trailer home		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) burning of house trailer home DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Asleep in burning house trailer home	

20c. TIME OF INJURY Hour 12:30 A.M. Month, Day, Year July 15, 1962		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Trailer home		20f. CITY, TOWN, OR LOCATION Monroe City		COUNTY Monroe		STATE Missouri	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>									

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at **about 1:35 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Russell M. Wilson		(Degree or title) Coroner		22b. ADDRESS Monroe City Mo		22c. DATE SIGNED 7/16-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 16, 1962		23c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery		23d. LOCATION (City, town, or county) (State) Monroe City Missouri	

24. FUNERAL DIRECTOR Wilson & Son		ADDRESS Monroe City, Missouri		25. DATE RECD. BY LOCAL REG. July 16-1962		26. REGISTRAR'S SIGNATURE Elsie Miller	
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(Licensed Embalmers' Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10690
3690
3
4 2
5 1
6
7 0
8 2
9 160
10 16
11 069
12 90-3
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address

Monroe City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.